

Background: The Joint Commission's "Certificate of Distinction for Primary Stroke Centers", developed in collaboration with the American Stroke Association and based on the Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Centers", recognizes hospitals that make exceptional efforts to foster better outcomes for stroke care.

Facilities that receive this certification from the Joint Commission may receive Primary Stroke Center designation from the Texas Department of State Health Services (DSHS). Achievement of state designation indicates that the stroke care services provided by a hospital have the critical elements identified by the Joint Commission to achieve long-term success in improving patient care outcomes.

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RULE §157.SFD Requirements for Stroke Facility Designation

(a) The Office of Emergency Medical Services (EMS)/Trauma Systems Coordination (office) shall recommend to the Commissioner of the Department of State Health Services (commissioner) the designation of an applicant/healthcare facility (facility) as a stroke facility at the level(s) for each location of a facility the office deems appropriate.

(1) Primary Stroke Facility designation--The facility, including a free-standing children's facility, meets the current Joint Commission essential criteria for an accredited primary stroke center; actively participates on the appropriate Regional Advisory Council (RAC); and submits data to the Texas Department of State Health Services (DSHS) as requested.

(b) A healthcare facility is defined under these rules as a single location where inpatients receive hospital services or each location if there are multiple buildings where inpatients receive hospital services and are covered under a single hospital license.

(1) Each location shall be considered separately for designation.

(c) The designation process shall consist of three phases.

(1) First phase--The application phase begins with submitting to the office a timely and sufficient application for designation as a stroke facility and ends when the survey report is received by the office.

(2) Second phase--The review phase begins with the office's review of the survey report and ends with its recommendation to the commissioner whether or not to designate the facility. This phase also includes an appeal procedure governed by the department's rules for a contested case hearing and by Government Code, Chapter 2001.

(3) Third phase--The final phase begins with the commissioner reviewing the recommendation and ends with his/her final decision.

(d) For a facility seeking initial designation, a timely and sufficient application shall include:

(1) the department's current "Complete Application" form for the appropriate level, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the office;

- (2) full payment of the designation fee enclosed with the submitted "Complete Application" form;
- (3) any subsequent documents submitted by the date requested by the office;
- (4) a stroke designation survey completed within one year of the date of the receipt of the application by the office; and
- (5) a complete survey report, including patient care reviews, that is within 180 days of the date of the survey and is hand-delivered or sent by postal services to the office.

(e) If a hospital seeking initial designation fails to meet the requirements in subsection (d)(1) - (5) of this section, the application shall be denied.

(f) For a facility seeking re-designation, a timely and sufficient application shall include:

- (1) the department's current "Complete Application" form for the appropriate level, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the office one year or greater from the designation expiration date;

- (2) full payment of the designation fee enclosed with the submitted "Complete Application" form;

- (3) any subsequent documents submitted by the date requested by the office; and

- (4) a complete survey report, including patient care reviews, that is within 180 days of the date of the survey and is hand-delivered or sent by postal services to the office no less than 60 days prior to the designation expiration date.

(g) If a healthcare facility seeking re-designation fails to meet the requirements outlined in subsection (f)(1) - (4) of this section, the original designation will expire on its expiration date.

(h) The office's analysis of the submitted "Complete Application" form may result in recommendations for corrective action when deficiencies are noted and shall also include a review of:

- (1) the evidence of current participation in RAC/regional system planning; and

- (2) the completeness and appropriateness of the application materials submitted, including the submission of a non-refundable application fee as follows:

- (A) [Fee to be determined]